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EDITORIAL

Personality traits, alcohol and cannabis use among medical students

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Alcohol use contributes significantly to the risk of all-cause mortality, being the major risk factor for premature death and disability among adults worldwide.[1] Recently, public health concerns about alcohol use have intensified. A global analysis published in 2018[1] showed that alcohol use is associated with major health-related impact, regardless of the amount of alcohol consumed. Young adults, particularly undergraduate and graduate students, are highly exposed not only to alcohol but also to cannabis use during their university life.[2] Thus, this period is a favorable moment for prevention, early detection, and treatment, each of which in turn requires specially designed strategies.

Medical students' mental health has been an issue of special concern for decades, as timely monitoring and support might help mitigate the burden of mental health problems among physicians and the consequent impact on the health system. It is estimated that 15.3% of physicians in the U.S. alone are affected by alcohol abuse or dependence.[3] The literature also suggests that, after graduating, the fear of stigma and financial and professional consequences are a significant barrier to seeking help among doctors.[4] Cannabis use is also a matter of concern, as it remains substantially prevalent among medical students, is frequently associated with alcohol use, and is implicated in several potential mental and physical health consequences.

The study by Schwarzbold et al. published in the present issue of the *Brazilian Journal of Psychiatry* sheds new light on the issue of institutional and personality factors in at-risk alcohol and cannabis use among medical students. The authors conducted a cross-sectional study of 704 subjects, and found a prevalence of 19.3% for at-risk drinking and 14.9% for current cannabis use. A strength of the study was the inclusion and separate analysis of both a private and a public university from southern Brazil. Specific sociodemographic factors for at-risk drinking (living alone and marital status) were significant only among students attending the private university, and male students presented a higher prevalence of cannabis use among all students.

On the other hand, personality factors were consistent across both institutions. Personality was explored using the Five-Factor Model and the Behavioral Inhibition and Activation Systems (BIS/BAS) scales. Both tools were associated with an increase in the explanatory ability of the multiple logistic regression models by a moderate extent. The finding that lower conscientiousness is associated with at-risk drinking and current cannabis use is relevant for medical schools. Lower conscientiousness may have an impact on academic success, which can help educators identify students in need of psychosocial support. Extraversion and fun-seeking behavior were also significant factors.

In line with these findings, the authors suggest that medical schools should integrate their own data to identify students at risk of substance-related problems and develop specific interventions. These interventions should consider specific cultural aspects of the institution and target environments that may present a higher frequency of students at risk, such as those associated with intense social interaction.

The study helps explain the problem of substance use among medical students and informs future studies in this niche field of mental health. The findings also provide valuable insight into still scarcely studied personality-targeted preventative actions and therapeutic interventions in this population, as well as the potential for use of demographically informed strategies by specific universities.

Disclosure

The author reports no conflicts of interest.

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